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CITY OF SHEFFIELD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

CLIFFORD H. SHAW, M.D., D.P.H., D.P.A.

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FOR THE YEAR ENDED 31ST DECEMBER, 1967

[SIXTIETH YEAR]

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Mrs. MARY CRAPPER, S.E.N.
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Mrs. ZONA HEAGNEY (from 1-4-67)
Mrs. GWYNNETH D. MARK
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Mrs. JOAN STEER
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Mrs. MARGARET G. WARRINGTON
Mrs. J. PURNELL (P.T.) (from 1-4-67)

Pharmaceutical Assistant:

GEORGE WARRILOW

Principal School Dental Officer:

EDGAR COPESTAKE, L.D.S.

Senior School Dental Officers:

PAUL A. BETTS, L.D.S.
ALBERT E. CLARKE, L.D.S.
JOHN G. F. GILL, L.D.S., R.C.S.

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Mrs. SUSAN M. BROWN, B.D.S. (to 31-8-67)
DAVID COOK, B.Ch.D. (from 8-5-67)
DEV DATT, O.B.E., L.D.S., M.B., Ch.B. (from 1-4-67)
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CATHERINE A. HARGAN, B.D.S. (from 2-10-67)
Mrs. PETA J. B. HILL, B.D.S.
*PAUL R. MAKIN, L.D.S. (to 5-10-67)
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MARY C. WAITE, B.D.S. (from 16-10-67)

Dental Anaesthetists:

*COLLETTE TAYLOR, M.B., B.S., D.A., F.F.A.R.C.S.
*OLIVE J. PASCALL, M.B., B.Ch., B.A.O., D.A. (1-4-67 to 21-7-67)

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Mrs. JACQUELINE HARDY
Mrs. PATRICIA MARLOW

Dental Surgery Assistants:

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Miss JANET CATTELL
Miss LILIAN H. CATTERMOLE
Miss GEORGINA H. J. CREDLAND
Mrs. MOLLY CUNDY
Miss CAROLE FAULKNER (from 26-6-67)
Miss GAIL B. FITTON (from 8-5-67)
Miss JUDITH HELME (from 1-4-67)
Mrs. PATRICIA L. KENYON
Miss ESME KINGSTON
Miss WINIFRED M. MCKENZIE (to 31-5-67)
Miss APRIL G. MILTON (to 17-3-67)
Mrs. MARGARET E. PARKIN (from 22-5-67)
Mrs. AUDREY ROSS
Miss DELIA SHIELDS (to 29-5-67)
Miss ANNE SYKES
Miss PATRICIA A. WHITE (from 16-10-67)
Mrs. JOYCE WHITEHEAD (from 16-10-67)

Dental Technician:

CLIFFORD J. ATKIN (Senior)

Child Guidance Centre:

Medical Director—THE SENIOR SCHOOL MEDICAL OFFICER

NOEL E. WHILDE, M.Sc., F.B.Ps.S. (Educational Psychologist in charge)
Miss RUTH J. M. GARDEN, M.A., Ed.B., A.B.Ps.S. (Educational Psychologist) (Deceased 5-1-67)
Miss JUDITH A. GRIFFITHS, B.A. (Educational Psychologist) from 1-9-67)
Mrs. ALISON V. HUSAUNDEE, B.A. (Educational Psychologist)
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†*A. C. WOODMANSEY, M.D., M.R.C.P., D.P.M., D.C.H. (Psychiatrist)
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Miss JENNIFER ADKINS, L.C.S.T. (Speech Therapist) (from 16-10-67)
*Mrs. PAMELA J. BATTYE, L.C.S.T. (from 5-9-67)
*Mrs. ANNE D. M. GRAY, L.C.S.T. (Speech Therapist)
*Mrs. JEAN M. PEARSON, L.C.S.T. (Speech Therapist)
*Mrs. PRUDENCE R. M. POPAT, L.C.S.T. (Speech Therapist)
*Mrs. EVELYN R. SOMMERVILLE, L.C.S.T. (Speech Therapist) (to 31-8-67)

Chiropodist:

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SCHOOL HEALTH SERVICE, Central Clinic, 7, Leopold Street, S1 2GY (*Telephone* 26341)

(NOTE: *Denotes part-time officer; †Denotes appointment by arrangement with the Regional Hospital Board)

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To the Chairman and Members of the Education Committee:

I take pleasure in presenting the Report of the Principal School Medical Officer for 1967. By the time an Annual Report is in the final stages of preparation the dust has settled and it is possible to take an unhurried look at the year that has passed. The boundary extension caused a brief flurry of excitement but few problems that were not readily capable of solution. Unforseen difficulties have arisen in providing ophthalmic services at Wheata Place, where facilities are shared with children attending West Riding schools, and at Hackenthorpe. Owing to staffing difficulties the hospital authorities were only able to provide a doctor on three occasions at Wheata Place and none at Hackenthorpe or Frecheville during the nine month period following April 1st, 1967. The responsibility accepted by the Sheffield Regional Hospital Board to provide an ophthalmic service based on school clinics has been greatly appreciated throughout the region and it is hoped that it will be possible to fill the gaps before long*.

By arrangement with the West Riding Authority the child guidance team previously visiting Wheata Place continued dealing with children from the same schools in the area, although a proportion of them are now within the City. Dr. F. G. Thorpe continued to attend Hackenthorpe Clinic weekly but the development of a comprehensive child guidance service was hampered through staff shortages.

The dental clinics at Wheata Place and Hackenthorpe have proved most useful, as have the facilities at Fox Lane School, Frecheville, which have tided us over until we can get under way at Gleadless, a new clinic designed and built by the Derbyshire Authority. Gone are the days when professional staff were prepared to work under less than first-class conditions for there is no shortage of alternative avenues of employment, nor are mothers and children likely to be coaxed into accepting treatment unless the image of the school dental service compares favourably with the parents' experience of standards in 'private' practice. During recent years the staffing position in Sheffield has been so desperate that it seemed at times that the service was scarcely worth saving, but now that we have passed through the valley of decision the way ahead is clear, even though it may seem wasteful, as at Hackenthorpe, to replace comparatively modern equipment that does not appear to have ever been used. Despite the welcome windfall in the transferred areas, the Health Committee's plans for purpose-built clinics (including a dental unit) at Hillsborough and Heeley are no nearer fruition despite the availability of sites. While it may be right as a matter of general policy to give priority to health centres, it is hoped that the special needs will be recognised of other areas in the City, even though the doctors and dentists there may be content to continue working from existing surgeries.

* An Assistant in ophthalmology took up his appointment on 1st January, 1968, since when the service in the former Derbyshire areas has been satisfactory.

Mr. Copestake again makes reference to the fluoridation of water but the news on this front is bleak. Fluoridation has never been a matter of controversy in Sheffield but the water undertaking supplies the areas of many local authorities and one of these—against the recommendation of the health committee—exercised its constitutional right to go its own way. It was hoped that when the Yorkshire Derwent scheme came into operation it would be possible to make a start by adding fluoride to water from the traditional Derbyshire gathering grounds. The General Manager and Water Engineer, however, felt that he must retain the ability to switch supplies when a breakdown or other emergency conditions arose and, in the circumstances, the City Council felt that it would be unwise to go ahead pending further negotiations with the Doncaster and District Joint Water Board. The setback is most disappointing when the fluoridation of Sheffield's water seemed so nearly within our grasp. There can be no doubt that fluoridation of water will come in time but every day's delay costs that little extra to the nation's dental bill.

It has been increasingly evident that preparations were going ahead for the launching of a large scale attack against measles using live vaccine. While some may feel that measles is usually a mild disease and that vaccination is not necessary, now that the decision has been taken, it is imperative that there should be no fumbling of the ball or half-hearted support. The aim must be the complete elimination of measles from the whole of the country as soon as possible—five years is a target period which should not be too difficult to achieve. Anything short of this will lead to the disease smouldering on indefinitely, with infection possibly delayed until later childhood or adult life. Children will normally be given a single injection of vaccine in the second year of life, usually at about 15 months, but during the summer term 1968 there will be a 'crash' programme in which children between their fourth and seventh birthdays who have not had measles will be offered protection, together with younger children attending nurseries and nursery schools. Special arrangements are being made in many schools but, whether a child gets its vaccine at school, clinic or doctor's surgery, it is becoming a race against time as the measles outbreak has come rather sooner than expected. If a high level of protection can quickly be achieved among the school population, there is a good chance that the younger children in the family will also remain free from infection until sufficient vaccine is available to go round.

The purpose of immunisation against tetanus is to build up a basic level of protection. The body will then react to a 'booster' dose which, if given following an injury, avoids the necessity of resorting to antitetanic serum, a method now recognised as potentially dangerous. Children are

usually immunised in infancy using the so-called triple vaccine but a 'booster' is advisable about the time of school entry and again later in school life. During recent years this has been offered in Sheffield at the age of nine years but the Joint Committee on Vaccination and Immunisation, which is responsible for advising the Ministry of Health, has recently recommended that this should be held over until the final year at school so that the protection given will also cover the period of early adult life.

There has been a good deal of discussion in medical circles following an article in the 'British Medical Journal' by Professor Illingworth of the Sheffield University Department of Child Health, who cast doubt on the value of exclusion from school as a means of controlling the common infections of childhood. It appears to be generally agreed that revision of the recommendations issued by the Ministries of Education and Health in 1956 is overdue, particularly in relation to contacts. Quarantine has always been a blunt and often ineffective instrument, and a great deal of school time continues to be lost unnecessarily. On the other hand the Ministries' 'rules' have been a useful guide and their general adoption avoids conflicting advice to parents and teachers.

Rheumatic fever was made notifiable in Sheffield towards the end of 1947 and in the four year period 1948-51 136 children of school age were notified as having an active rheumatic heart condition; in 1952-55 the corresponding figure was 67; 1956-59, 40; 1960-63, 13 and 1964-67, 4. No doubt during this time some cases have escaped notification but the trend is plain for all to see. While the sulphonamides and antibiotics have helped in minimising recurrences of acute rheumatism, the present generation is mainly benefiting from the fact that prevailing strains of streptococci have become progressively less virulent since the beginning of the century. The change in the overall picture, although gradual, is a dramatic one and greatly reduces the need for special education in childhood and valve operations in later life.

The special units for partially-hearing at Hunter's Bar Junior and Greystones Secondary continue to provide valuable service. The staff have shown remarkable ingenuity in developing improved systems of amplification, which can readily be used in a number of classrooms. Consequently the pupils are able to join with classes of normal children, and some will be able to return to ordinary schools. Careful selection and periodic assessment of educational progress is necessary if the best use is to be made of the units.

Dr. J. E. Lunn of the Department of Preventive Medicine and Public Health, University of Sheffield, has contributed a series of articles on the

school health service which were published in 'The Medical Officer' in December. A study of 1,024 'entrant' school children produced a considerable number of new findings affecting education, but he concludes that these were virtually all discoverable by nursing and teaching staff, and that a doctor's routine examination is extremely wasteful as a case-finding procedure. Dr. Lunn argues that the doctor should concentrate on children showing poor school progress, abnormal behaviour or evidence of inadequate care. Even in a 'selective' form of examination the attempt is still made to discover all medical abnormalities, whereas his contention is that it would be preferable to concentrate on those directly connected with education. Personally I side with those who believe that the value of the initial contact with the school doctor at the 'entrant' examination is not to be measured solely by a tally of the findings. Nevertheless, the impartial investigator has the right to assess any component in the health service and question the justification of existing practices.

The year has been marked by the retirement of both the Director of Education and the Senior School Medical Officer. Dr. E. G. M. Oates served in this latter capacity since 1958 but had worked with the Education Authority for a period extending over 37 years—the tributes she received on leaving amply testify to the high regard in which she was held among her colleagues. I am also indebted to Mr. D. Staniforth who for many years has piloted these Reports through the various stages—due to retirement this is the last one with which he will be associated.

I would like to acknowledge my thanks to the Chairman and Members of the Child Welfare Sub-Committee who continue to show a genuine concern in all matters relating to the health and welfare of children, especially the handicapped. I am also grateful for the forbearance of the teaching staff who suffer many visitors gladly.

CLIFFORD H. SHAW
Principal School Medical Officer

MEDICAL EXAMINATIONS

"You talk of making three bites of a cherry"

François Rabelais, "Pantagruel".

The pattern of medical examinations, namely at entry, before leaving and selective examinations at eleven, continues as before.

Doubts have recently been cast on the value of the routine school medical examinations, which involve a considerable proportion of the school medical officers' time. It is, however, difficult to measure the efficiency of a system that depends on the human element, the keenness and enthusiasm of the individual medical officer, where the emphasis, while not neglecting purely physical defects, should be primarily attempting to help the child make the most of the educational and subsequent social facilities available.

There is no doubt that shortage of staff, frequent staff changes or apathy will negate the usefulness of any system. The problem of staffing has made it difficult to maintain the standard of examinations, and particularly meant that school doctors have had to be asked to do schools outside their usual areas. This means that the close liaison between the teaching staff and the school medical officer is easily lost. Both teachers and medical officers are well aware of this and, in spite of the difficulties, the present system of examinations still helps to maintain the standard of health of the school child.

It would be wrong, therefore, to assume that no improvement is possible or modification is unnecessary, but to sweep the whole system away, even if this were statutorily possible, would deny the deprived and handicapped child access to many aids to his education by reason of his need being unrecognised.

Following the leavers' medical examination, 203 defects were noted and details sent to general practitioners. This represents 3·7% of school leavers as compared with 8·6% in the previous year.

SPECIAL EXAMINATIONS

Special examinations have been carried out as follows:—

Candidates for appointment in the service of the Education Committee			550
For stage licences			2
Juvenile Court cases			88
Fitness for part-time work, e.g., newspaper delivery or errand boy in various trades:—			
Number passed			916
Number not recommended			1
Students for admission to training colleges for teachers:—			
Men	119		
Women	254		
		373	

COMMENTS BY SCHOOL MEDICAL OFFICERS

"I'll call for pen and ink and write my mind"
Shakespeare, "Henry VI part I."

As in previous years, the school medical officers have been asked to comment on their work and the replies summarised.

The problem of the affluent society producing obesity is again stressed, although malnutrition due to a low family income or mismanagement and social problems in the home still persists. There are two comments that there seem to be more behaviour problems among younger children, but this is possibly because the staff are more alive to the possible need and availability of treatment. Another medical officer mentions that clothing generally is of a good quality and sensibly chosen, outlandish styles being less conspicuous than for some years past.

Scabies and plantar warts both appear to be on the increase, although not in all districts, and cases have occurred where the treatment has been inadequate because the child has neither been excluded from school nor the general practitioner informed.

One school has now regular sessions of selective cases involving parents, teachers and the school medical officer, and this is proving successful. As an extension of this a talk, illustrated by films, e.g., on menstruation, has been given to the 11 and 12 years age group with excellent results. Questions were many and the need for information became obvious. It is now planned to extend this into the older age groups and to widen the scope of the talk and films to include general sexual development. As always, the co-operation and enthusiasm of this school in caring for the health and welfare of its pupils cannot be too highly praised.

One doctor mentions that the two T.V. programmes about handicapped children may have caused a great deal of misunderstanding by parents of what is offered by our schools in Sheffield, as he encountered two specific examples where the parents had been seriously alarmed and upset by what they had seen on T.V.

It was noted that children who had been given hearing aids are often self-conscious in wearing them, and when asked the question "where is your aid?", the reply is often evasive, for instance, that it is under repair, will not work, makes a noise. Pupils wearing glasses are often without them with a similar excuse. It seems difficult to persuade the child in many cases of the importance of using these aids, and co-operation of parents is not often as great as could be desired.

Some of the recently appointed medical officers feel that most of the treatment at minor ailment clinics could be carried out by a school nurse working without a doctor, while conditions such as otitis media should be within the province of the G.P. Another, however, refers to the usefulness of a school clinic in treating plantar warts and minor accidents, and the leisurely discussion that is possible over behaviour problems.

OPHTHALMIC TREATMENT

"Softly! M, O, A, I, ——"

Shakespeare, "Twelfth Night".

Mr. M. Ferguson, the Ophthalmologist, presents the following report:—

"There has been little change in the work at the Eye Clinic, which continues to function satisfactorily.

In the Blind School, the number of cases of retrolental fibroplasia has continued to decline from the maximum of 33% in 1961 and 1962 to 9·5% in 1966, the number of children on roll at the school remaining constant. Other causes of blindness have taken their place, optic atrophy now being the commonest cause.

There are 19 children in the partially-sighted classes at Stradbroke County and Brook Secondary Schools. It is interesting to note the great variation in the number of children attending partially-sighted schools in cities of comparative size. Sheffield has relatively few. In Sheffield the borderline cases manage in ordinary schools, where suitable modifications are made to the normal regime, such as sitting on the front row".

Tables in connection with this work (and also on orthoptic treatment) are given on pages 38 and 39.

Orthoptic Treatment

Miss J. A. Smith, Head Orthoptist, reports:—

"With the addition of some small items recently, the Orthoptic Clinic is as well-equipped and up-to-date as any in the country. One of the greatest 'boons' has been the introduction, by some enterprising firm, of machine-made eye occlusion patches. In being ready made in packs of 7, they have saved the Orthoptist hours of valuable time. It is even possible that this innovation has accounted for the increase in the 'cures'. Nevertheless we are certainly as busy as we have ever been before."

ORTHOPÆDIC AND CHIROPODY CLINICS

"Don't join a queue unless you know what is at the end of it"

Gerald Collins.

ORTHOPAEDIC CLINIC

Mr. A. Dornan, Consultant at the Royal Hospital, has continued to be responsible for this Clinic, where the work has followed the usual pattern of previous years.

During the year, 103 children were seen, of whom 6 were found to require hospital treatment. 118 attendances were made during the year.

CHIROPODY CLINIC

During the year, 776 children attended for treatment, to whom a total of 1,623 treatments were given. At the end of the year, 81 children were still in attendance.

HEART DISEASES AND RHEUMATISM CLINIC

See page 42 for statistics relating to the year's work.

EAR, NOSE AND THROAT DEFECTS

"We'll talk without listening to each other, that is the best way to get along"

Alfred de Musset, "Il ne faut jurer de rien".

Dr. E. M. Swallow reports:—

"During the year Mr. J. T. Buffin replaced Mr. Peasegood as Consultant Aural Surgeon at both the Central Clinic, where he sees cases referred by the School Medical Officers, and the Audiology Clinic. He will also make periodic visits to the Maud Maxfield School.

PRE- SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

Early in 1967, the Audiology Clinic was transferred from the Central Clinic to more adequate accommodation in the Old City Grammar School. This was a welcome move and very much appreciated by parents and the clinic staff. We now have an excellent examination room with an adjoining small observation room and good waiting room facilities. I would like to take this opportunity to thank all those who helped to make it possible.

The importance of early ascertainment of deafness and the need for auditory training cannot be overstressed and we readily provided sessions, including practical demonstrations, for medical officers from other authorities and groups of nurses taking the Health Visitors Course at the Sheffield College of Technology. Several talks were also given to groups of students from the Pre-Nursing Training Centre.

Following ascertainment of deafness, auditory training, together with parent guidance, is given at the clinic until the child is of an age to be admitted to the Maud Maxfield School Nursery. Miss Beard attends on three sessions each week for this purpose. It is extremely gratifying to see how regular the attendance is on these occasions and how much the very young children enjoy them. I believe there is scope for extension of these services and would welcome the provision of a trained teacher of the deaf, mainly for peripatetic work among partially-hearing children attending ordinary schools, and who would also be available to make domiciliary visits to provide auditory training when circumstances made this advisable.

LIP READING

When considered advisable, arrangements are made for partially-hearing children who wear hearing aids and attend ordinary schools to have lip reading tuition either at the Maud Maxfield School or Greystones Secondary School. Apart from the tuition provided, this enables a trained teacher of the deaf to supervise their use of hearing aids.

AUDIOMETRIC PURE TONE TESTING, JANUARY TO DECEMBER, 1967

This was carried out in the Audiology Clinic, Orchard Lane, the following tests being made:—

New cases	494
Retests of present year	155
Retests of previous years	234
	883

AUDIOMETRIC SWEEP TESTING IN SCHOOLS

A total of 6,140 boys and girls in the age group 6—7 years were given a simple sweep test. 344 did not perform this test satisfactorily, as colds, wax and other catarrhal conditions influenced the results. These children were referred to either the general practitioner or to the appropriate branch clinic for more intensive investigation.

PARTIALLY HEARING UNITS AT GREYSTONES SECONDARY AND HUNTER'S BAR COUNTY SCHOOLS

Statistics relative to these Units are given on page 41, together with those for Ear, Nose and Throat defects generally, including surgical treatment for tonsils and adenoids.

PREVENTION OF TUBERCULOSIS IN SCHOOL CHILDREN

"He shall not breathe infection in this air"
Shakespeare, "Henry VI part II."

CHEST CLINIC

Dr. R. H. Townshend, Consultant Chest Physician, reports:—

"During the year, 7 school children were notified as suffering from tuberculosis as compared with 8 in 1966. Five of these were immigrants. Three were from Pakistan and were probably infected before they came to this country, and the other two, from Jamaica, were contacts of their father who was a newly discovered infectious case of tuberculosis.

The two remaining children, natives of Sheffield, were both contacts of tuberculous parents. One was already infected when first seen at the time of diagnosis of tuberculosis in the mother. The other was given B.C.G. at birth and again three years later but both her parents are infectious, drug resistant cases of tuberculosis; in spite of the B.C.G. the child has recently developed a slight degree of pulmonary tuberculosis which has required treatment. All seven children are now well as a result of treatment.

A total of 455 school children attended the Chest Clinic for the first time during the year and 234 of these were given B.C.G. vaccine."

B.C.G. VACCINATION IN SCHOOLS AND FURTHER EDUCATION ESTABLISHMENTS

Dr. J. J. McKessack presents the following report:—

"During 1967, the tuberculin-testing and vaccination of 11 year-old pupils and full-time students at establishments for further education has been continued.

(*a*) B.C.G. Vaccination of Schoolchildren

Number tuberculin-tested	4,396
Positive reactors (previous B.C.G.)	362
Positive reactors (no previous B.C.G.)	272
Positive reactor rate (no previous B.C.G.)	6·18%
Negative reactors	3,762
Number vaccinated	3,759

The "following up" of children vaccinated in 1965 continued under the British Tuberculosis Association trial designed to compare the efficacy of B.C.G. vaccination by multiple-puncture method with the standard intradermal method. Each year the participants are retested, using a standardised Mantoux solution; if the skin test becomes negative, the child is revaccinated and eliminated from the series.

X-ray of positive reactors

The proportion of positive reactors referred for chest X-ray who attended was 85%.

The results of the X-rays were as follows:—

Normal chest	365
Non-active tuberculosis	2

There were no cases of active tuberculosis discovered through these chest X-ray examinations, although in two cases there was evidence of glandular enlargement.

325 children and older contacts of positive reactors were followed up, but no active cases of tuberculosis were brought to light.

(*b*) B.C.G. Vaccination of Students in Establishments for Further Education

The scheme of visiting establishments for further education to test and vaccinate full-time students was continued:—

Number tested	85
Positive reactors (previous B.C.G.)	59
Positive reactors (no previous B.C.G.)	10
Negative reactors	16
Number vaccinated	16

SCHOOL NURSING SERVICE

"It needs more skill than I can tell
To play the second fiddle well"
Charles Spurgeon, "The Salt Cellars".

By Miss E. Dent, S.R.N., S.C.M., H.V.Cert., Chief School Nursing Sister:—

"During the year, 6 school nursing sisters left the service. Miss C. Hobson retired after completing 32 years excellent service as a school nursing sister, two resigned to take up other appointments, two to take health visitor training, and one for domestic reasons. One nursing assistant left for domestic reasons, and one was transferred from Derbyshire.

Work in the schools taken over from Derbyshire and the West Riding has been carried out without difficulty in almost all cases. There has been full co-operation and the work of the school nursing staff appears to have been appreciated.

CLEANLINESS SURVEYS

There has been a welcome decrease in the number of children found to have head infestation, especially in girls. The reason for this is the use of a proprietory brand shampoo which was first introduced in 1966. It is more acceptable than lotions; the shampoo is used in the normal way and leaves no evidence of its application. It can be bought at any chemist and many parents are using it as a preventive measure. The inclusion in the figures of children from Derbyshire and the West Riding has made very little difference to the percentage as a whole of those found to be infested.

SCABIES

The conditions continue to give some cause for concern, especially in the poorer type of family, where treatment is often inadequate.

NURSERY SCHOOLS AND CLASSES

The school nursing sisters have carried out the work in these on much the same lines as previously. The provision of new nursery classes in some of the schools has been welcomed by the parents in the areas concerned.

CO-OPERATION WITH HOSPITALS AND OTHER SOCIAL WORKERS

The Chief School Nursing Sister has continued to work closely with Miss De Neumann, Superintendent Health Visitor, in matters concerning families where there are children of school age. She has attended meetings of the Care of Children Co-ordinating Committee and Fairthorn House Committee. Case conferences on problem families have been held, at which the school nursing sister and health visitor concerned have been present, along with other social workers interested in each case.

HEALTH EDUCATION

Visits to observe the work of the Department and some schools have been paid by health visitor students, sixth-form grammar school girls, students from the Pre-nursing Education Centre and student probation officers. Some members of staff have given talks to parent/teacher associations on request, and courses of lectures to boys and girls studying for the Duke of Edinburgh's Award. There has been an increase in the number of requests from head teachers for baby-bathing demonstrations and talks on personal hygiene in the secondary schools. One head teacher arranged for a film on 'The Hygiene of Menstruation' to be shown to her 'junior-four' girls. Mothers were invited and there was a good response. The school nursing sister was present and discussed points arising from the film. All concerned were very pleased with the results. Some of the mothers said they themselves had learned something and found the film helpful. It is almost certain that this venture will be repeated in 1968."

Statistics relating to the service are given on page 44.

VACCINATION AND IMMUNISATION

"You have many strings to your bow"
John Heywood, "Proverbs"

The School Health Service continued to make provision for those immunisations which fall due between the ages of 5 and 15 years, and to encourage those children who have not been immunised to have their full primary courses against diphtheria, tetanus and poliomyelitis.

Appointments are made at the school clinics for the booster dose of diphtheria/tetanus due at 5 years of age; also for diphtheria, whooping cough and tetanus for pre-school-age siblings, and diphtheria/tetanus for older siblings who have not been immunised. A tetanus booster is offered at the age of 9 years to those children who have already been immunised.

Teams of the school nursing staff visited the primary schools to give the booster dose of oral polio vaccine, and to commence the course for other children who had not been immunised. Appointments for the second and third doses were given to attend at the Maternity and Child Welfare Centre, Orchard Place.

B.C.G. vaccination was offered to children in their first year at senior school (see page 18).

IMMUNISATIONS BY SCHOOL HEALTH SERVICE

Primary Course	1967	1966	1965	1964
Diphtheria	6	14	12	32
Triple	120	156	88	194
Diphtheria/Tetanus...	385	462	298	632
Tetanus	250	206	698	1,633
Booster				
Diphtheria/Tetanus...	2,674	2,674	2,423	2,951
Tetanus	1,625	1,162	1,047	1,047
Poliomyelitis ...	15,943	20,363	10,003	2,651

HANDICAPPED PUPILS

"Neglect not the gift that is in thee"

"First Epistle to Timothy, IV, 14".

The aim of a school health service should be to assist the educational system to provide the optimal conditions for all children, normal or handicapped. As a principle it is obviously desirable that the educational system should be adapted to the individual, that the handicapped pupil should learn to adapt himself and live in the community and framework of the ordinary school. It is equally important that the child should not be allowed to remain in an environment in which he feels a failure. Anticipating failure is not easy, and is dependent far more on social and environmental factors than on medical disability. Thus it is of great importance for the school doctor to have close contact and intimate knowledge of the school, the type of building, the size of classes and teaching attitudes, as well as the detailed assessment of the child from a medical point of view. Nor must the school as a community be forgotten. Behaviour problems in one child can disrupt a whole class. A severely physically handicapped child may take so much of a teacher's time that the whole class is neglected.

It is in this context that special schools are needed. They must provide for the educational, social, psychological and medical needs of the child. Since the last two should be provided mainly on an individual basis at whatever school the child is at, placement should be largely determined by the first two factors where the importance of the group must not be neglected. The provision of a school for spina bifida children would seem illogical if it is not realized that these children form the bulk of incontinent children who are immobile.

While it is obvious that special provision must be made for children with auditory and visual defects, the partially-hearing and partially-sighted units providing for integration in ordinary schools give children with such handicaps wider educational facilities than is possible in an ordinary school. Nevertheless, there are a substantial proportion of children in special schools because they have failed socially as much as educationally to cope with ordinary schooling, and this is particularly true of the delicate schools and the schools for the educationally sub-normal. Home tuition is arranged through the Headmistress of Oakes Park School for the small number of handicapped children who are unable to attend school at all.

Plans are going forward for a day school for maladjusted pupils, since it is becoming an increasingly large burden on the open air schools, which only take the less troublesome cases, and it is extremely difficult to place the more severe cases.

A list of the available schools and their accommodation follows:—

SPECIAL SCHOOLS

		Accommodation for
BLIND	Sheffield School for Blind Children	60 pupils (res)
PARTIALLY SIGHTED	Brook Secondary School (Special Unit)	10 pupils (day)
	Stradbroke County School (Special Unit)	15 pupils (day)
DEAF (GRADE III) AND PARTIALLY HEARING (GRADE IIB)	Maud Maxfield School	38 pupils (res) 58 pupiis (day)
PARTIALLY HEARING (GRADE IIA)	Greystones Secondary School (Special Unit) ...	10 pupils (day)
	Hunter's Bar Junior School (Special Unit)	10 pupils (day)
	Maud Maxfield School (lip reading classes)	30 pupils (day)
DELICATE	Bents Green School	40 pupils (res) 170 pupils (day)
	Springvale House School ...	140 pupils (day)
	Whiteley Wood School ...	144 pupils (day)
PHYSICALLY HANDICAPPED	Chantrey School	40 pupils (res) 20 pupils (day)
	Oakes Park School	120 pupils (day)
EDUCATIONALLY SUB-NORMAL	East Hill Schools:	
	Infant	45 pupils (day)
	Junior Boys	100 pupils (day)
	Senior Boys	120 pupils (day)
	Handsworth School:	
	Junior Girls	100 pupils (day)
	Highfield School:	
	Senior Girls	120 pupils (day)
	Wadsley Bridge Schools:	
	Junior Boys	100 pupils (day)
	Senior Boys	120 pupils (day)

EDUCATIONALLY SUB-NORMAL PUPILS

The work undertaken during the year with the children who have been reported as retarded educationally or developmentally is shown below:—

Results of Examinations

Recommended for admission to a special school for the educationally sub-normal	95
Recommended for education in an ordinary school with special educational treatment and later review	46
Recommended for admission to a special school for physically handicapped children	1
As above but for O.A.S.	1
Found not to be educationally sub-normal	39
Found to be unsuitable for education and recommended for notification to the Local Health Authority—Section 57(4)	30

Analysis of Children Leaving Special Schools for the Educationally Sub-Normal

Left on attaining the leaving age	41
Removed at an earlier age as incapable of receiving further benefit	5

Total Number Notified to Local Health Authority (Mental Health Sub-Committee)

	Boys	*Girls*
Children incapable of receiving benefit or further benefit from instruction in school	13	7
Re-examined and still incapable	3	1
Educationally sub-normal children notified on attaining the school leaving age	29	12

CHILDREN MAINTAINED IN RESIDENTIAL SPECIAL SCHOOLS AND HOMES OUTSIDE THE CITY, DECEMBER, 1967

At the end of the year, 68 children were in residential special schools and homes outside the City. A summary of these cases is given on page 45.

FULL-TIME COURSES OF FURTHER EDUCATION FOR HANDICAPPED STUDENTS

The Further Education Department is responsible for the craft training of handicapped persons under 21 years of age after they pass from the care of the School Health Service. During the year, the following students were in attendance at recognised institutions:—

Royal Normal College for the Blind (one male, one female, shorthand and typewriting).

Queen Alexandra Technical College (one male, vocational training course).

Portland Training College—General Education Course (seven males, two females).

AFTER-CARE

The importance of the after-care of handicapped pupils is now fully recognised and close co-operation with those in the Public Health Department concerned with the various handicaps is maintained. Officers of this Department visit the special schools, as do the youth employment officers, to give talks, show films, and advise and help the school leavers to find suitable posts; or to make arrangements for them to attend the Industrial Rehabilitation Unit, or a residential training centre.

Regular meetings of those responsible for the after-care of educationally sub-normal adolescents continue, and a quarterly review of all handicapped school leavers now takes place.

SCHOOL DENTAL SERVICE

"English teeth! Heroes' teeth!
Hear them click and clack!
Let's sing a song of praise to them—
Three cheers for the Brown, Grey and Black!"

Spike Milligan.

E. Copestake, Principal School Dental Officer

"We are still unable to satisfy the need to provide an annual dental inspection for all children attending schools, but progress has been made this year and 39,160 children were examined in school, compared with 28,768 in 1966.

The extension of Sheffield's boundaries made four additional surgeries available and these were all occupied towards the end of the year, three on a full-time basis and one, the Frecheville clinic, part-time. The latter is to be replaced by the Gleadless Welfare Centre which will be completed early in 1968. The Wheata Place Welfare Centre has provided us with an excellent, two-surgery clinic. The dental equipment is in good condition, but already out-of-date. One surgery can be used full-time on a permanent basis and this, if re-equipped, would be an attraction to new entrants to the service. So far as our own established clinics are concerned, it is now evident that both the Attercliffe and Owler Lane Clinics can no longer provide sufficient patients to keep a Dental Officer occupied full-time, and the Dental Officer from Attercliffe has been working recently for two days a week at the Central Clinic. Five surgeries have now the best equipment available and the new surgery at Gleadless will be furnished in a similar manner.

With the improved service resulting from the employment of more staff, the pattern of treatment is slowly altering and, for those children who attend the clinics regularly, less treatment is being required per child than in recent years. The following figures are given to provide a comparative look at the years 1947, 1957 and 1967.

	No. examined	% of children found to need treatment	Permanent teeth filled	Temporary teeth filled	Permanent teeth extracted	Temporary teeth extracted	Number of general anaesthetics
1947	45,358	66	12,136	46	3,276	22,414	15,442
1957	44,689	79	11,550	91	5,702	14,977	10,487
1967	42,644	55	12,793	3,514	2,346	6,928	3,621

The significant and welcome developments are that fewer children are found to need treatment. There is a significant drop in the number of teeth extracted and sufficient time is now available to enable a large number of temporary teeth to be filled. The acceptance rate for treatment is still low and over 30% of children in Sheffield are not having regular treatment, either from the general dental practitioner or from the school dental officer.

Among the older boys and girls the number who attend only for the relief of pain is high. Because many of the schools which they attend are not conveniently served by clinics a mobile dental clinic is scheduled to be taken into use next year. This should make close contact with the older pupils and, by making treatment available on the school premises, it is hoped to persuade more of them to accept regular treatment.

One of the advantages of having a large complement of dental staff is the ability to keep a steady flow of dental appliances passing through the laboratory for construction. A conference on dental laboratories and their economical use was attended by the Principal School Dental Officer at the County Hall, Westminster, in September. Some authorities have had occasional difficulty in justifying the retention of dental technical staff, as unavoidable fluctuations occur in the number of dental officers employed. A hospital memorandum, HM(67)61, was recently issued, giving details of an accepted scale of charges for all dental appliances. The application of this scale to the work produced in the Heeley laboratory over the last twelve months more than justifies its use.

For some years the Ministry of Health has been stressing the value of close co-operation with local hospital authorities and dental teaching schools. With this in mind it was arranged for Mrs. P. Hill to attend the Orthodontic Department at the Charles Clifford Hospital for one session a week. One hopes that this will continue as it provides us with an introduction to recent developments in orthodontic treatment, and gives to final year students with an interest in children's dentistry ready access to information on what is going on in the school dental clinics.

A recent development, but one which has been under discussion since the early 1930s, is the inauguration of a Diploma in Public Dentistry, and details of the courses leading to this are to be published in 1968. It appears important that local authority dental officers should be encouraged to sit for this Diploma, as it will provide training in administration relevant to public dentristry and other aspects of the service which do not form part of the undergraduate training in dental schools.

The treatment of handicapped children in special schools continues as a regular feature of the dental service, and is attended by a high acceptance rate of treatment not met with in the normal schools. The teaching staff in the special schools are responsible for this, largely accomplished by their enthusiastic support in persuading parents that their children need to have regular treatment. The oral hygiene has improved remarkably in the last few years and this is especially true of the residential schools. As one would expect, the need for treatment has diminished because it has been given so regularly, and the number of teeth to be extracted has fallen dramatically in recent years.

Expressions of regret have been received on several occasions during the year from dental and medical practitioners that fluoridation of water supplies has not yet been introduced by Sheffield. In the Quarterly Dental Review attention is drawn to reports received from dentists in communities where fluoridation has been in effect for some years, noting a change in the character of their practices. They are treating fewer cases of gross carious lesions. Routine examinations are more often showing freedom from new caries and time is available for more leisurely and better quality treatment. One does not need to be reminded that fluoridation will reduce the expenditure on the school dental service. On the other hand other developments which are becoming established in the school dental clinics inevitably add to the cost of the service. They include the more frequent use of X-ray photography in diagnosing early interstital caries, the routine use of a fairly new general anaesthetic, 'Halothane', which has been widely adopted in dental practice, the more frequent application of antibiotics, and the use of disposable needles for local anaesthesia. These measures undoubtedly safeguard the child's interests and make treatment more comfortable and easy to apply.

In concluding this report the opportunity is taken of remarking that this is the first time for 30 years it has been possible to maintain a full complement of staff. In addition two full time dental officers were appointed to occupy surgeries annexed from the Derbyshire and West Riding County Councils, and one of these had previously been unused for some seven years. A further development in the service is intended by the use of a mobile dental clinic which can be put into full time use immediately it is obtained. At a time when University Dental Schools are again having difficulty in filling vacancies with suitable applicants for training an optimistic outlook on the future is perhaps not justified. Yet the position remains that a dentist accepted as suitable for an appointment in September last hopes that we shall have a vacancy to offer towards the end of 1968 and two promising applicants were recently disappointed to learn that Sheffield has no vacancies."

SPEECH THERAPY

"They are said to understand one another, but I don't believe a word of it!"
Sebastien Chamfort.

By Miss A. B. Chapman, L.C.S.T., Senior Speech Therapist:—

"There have been few staff changes during 1967 and, although the complement has at no time reached the full establishment, due to the services of part-time therapists, a reasonable level has been maintained. Mrs. Sommerville left at the end of August, having been with us for a year; as there seemed no prospect of a full-time replacement, Mrs. Battye kindly agreed to return on a temporary basis to work three sessions per week, and subsequently decided to stay. Miss Adkins re-applied to join our staff and we were very pleased to welcome her back in October. This enabled full-time speech therapy at Oakes Park and Chantrey schools to be resumed following a period when Miss Holland could only visit 2 days a week.

However, analysis of some of the year's figures reveal that there is little basis for satisfaction. The number on the waiting list has risen from 39 at the end of 1966 to 98 at the end of the year, and the waiting time is just under a year in most cases. Six of these children have already been given an initial interview, priority having been requested, and been replaced on the waiting list. This disquieting figure would appear to be largely due to the sharp rise in referrals, which show an increase of more than a quarter over 1966. Analysis of the referral figures reveal that the increase is of those children referred on account of articulatory defects, and can also be largely accounted for by an acceleration in last year's rise in referrals of pre-school children, this year's number being 30, more than double that for 1966. In addition there have been 13 children referred from the new areas taken into Sheffield in April.

The situation regarding branch clinics is still eminently unsatisfactory there being a total of 27 children waiting for treatment at the four branch clinics, 20 of whom are not receiving treatment meanwhile. The position regarding Attercliffe clinic is the worst. Special school sessions have been continued, and in September the session at Highfield School was resumed, as there were enough cases to justify this.

Speech therapy students from Leeds College of Technology have continued to visit weekly, first year students to observe only, but second year students treat cases under supervision.

The figures for 1967 would seem to indicate the need for an increase in the establishment of Speech Therapists if an adequate service is to be maintained, particularly bearing in mind that there has not yet been a full year with the increased school population."

The statistics for the year are given on pages 41 and 42.

CHILD GUIDANCE CENTRE

"The wildest colts make the best horses"

Plutarch, 'Life of Themistocles'.

By Mr. N. E. Whilde, M.Sc., F.B.Ps.S., Educational Psychologist in Charge:—

"The figures for the year show no striking departure from recent years. The number (619) of new cases is the highest yet registered; there were almost exactly twice as many boys as girls. Head teachers referred 73% of the cases and 62% were referred for intellectual or educational difficulties.

Half the children were eight years old or less and three-quarters were under eleven, so that referring agencies are on the whole locating problems at an early age.

The intelligence range of the children seen continues to span from the very bright to the very dull, though more dull children than bright were referred; about two-thirds were below average and one third rated as dull. In the population at large these proportions would be one half and one sixth.

It has not been possible to increase the number of remedial reading groups in spite of demand. There are still twenty-eight of these in fourteen schools. Indeed the staff has been so depleted that it has been difficult to maintain this service and other branches of the work.

The death of Miss R. J. M. Garden in January was a serious blow, as this left only three psychologists out of an establishment of seven. Mrs. C. M. Riley was appointed as an additional part-time social worker in January and Miss J. A. Griffiths joined the staff as assistant educational psychologist in September so that by the end of the year things were not desperately out of hand, though the initial waiting list was as high as seventy-seven and the 'investigation complete, awaiting treatment' category stood at ninety-four.

The Service has been fortunate throughout its history in having a succession of Medical Directors (the appointment goes with that of Senior School Medical Officer) who have had a personal interest in the Child Guidance Service. So many recommendations made require not only administrative action but also insight and tact and a concern for the individual child and his family. This has always been available to the staff in high degree. There was great regret therefore when Dr. Oates retired at the end of the summer term; however, when Dr. MacInnes took over as Medical Director in October it soon became apparent that the Centre would be equally well served and the staff were very appreciative of the support so freely given."

The figures for the year 1967 are given on pages 42 and 43.

MISCELLANEOUS

"Though merely writ at first for filling,
To raise the volume's price a shilling"
Jonathan Swift, 'On the death of Dr. Swift'

FAIRTHORN CONVALESCENT HOME

Fairthorn Convalescent Home, which is under the auspices of the Sheffield School Children's Holiday Association was open from 6th March to 22nd December. During this time 89 boys and 89 girls received convalescent treatment, as well as 24 children who were selected by teachers for a holiday during the summer vacation. Before admission, each child was certified by a school medical officer as suitable and free from infection.

INFECTIOUS DISEASES

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in schools and the incidence during the year is shown on page 45.

CHEST X-RAY OF STAFFS

The routine bi-ennial offer of a chest X-ray was made in the last quarter of 1966 to the whole of the teaching and administrative staffs, and the work-people employed by the Committee. The teaching staff were examined in 1966 and the administrative staff and workpeople in the early months of 1967. The total attendances were 1,289; but it should be pointed out that, although the offer of a chest X-ray was made to each employee of the Committee, many go privately for periodic check-ups, and their attendances, of course, are not included in the above figure.

SCHOOL MEALS SERVICE

"It is a very hard undertaking to seek to please everybody"

Publilius Syrus.

SCHOOL MEALS

Particulars of the average number of meals consumed daily in respect of each calendar month from January to December, 1967:—

January	47,414	July	51,648
February	46,853	August	—*
March	44,702	September	54 659
April	54,482	October	55,633
May	53,132	November	55,058
June	51,544	December	54,578

*All schools closed in August

	1966	1967
No. of dinners consumed on payment	7,698,304	8,637,648
No. of dinners supplied free to pupils	613,104	856,081
No. of dinners supplied to pupils on part-payment of 6d.	4,860	4,395

The following is the number of children receiving free meals in December, earlier years being included for comparison:—

1961	1962	1963	1964	1965	1966	1967
3,086	3,724	3,981	3,350	3,991	4,300	9,026

PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month The supply is limited at present to one-third of a pint per day per child and no charge is made.

During the year ended 31st December, 1967, 11,630,987 one-third-pints of beverage milk, representing approximately 484,624 gallons, were supplied to pupils in Sheffield Schools. Drinking straws are provided and all milk supplied to the schools is pasteurised.

Beverage Milk—Average number of bottles supplied daily

1967	Primary & Secondary Schools	Non-Maintained Schools	Total
January	53,239	2,111	55,350
February	53,031	2,119	55,150
March	50,323	2,147	52,470
April	62,209	2.181	64,390
May	62,060	2,171	64,231
June	60,601	2,075	62,676
July	60,046	1,670	61,716
August	—*	—*	—*
September	61,679	2,290	63,969
October	61,549	2,320	63,869
November	60,737	2,177	62,914
December	59,586	2,098	61,684

*All schools closed in August

A return to the Department of Education and Science shows that on a day in September, 1967, 81% pupils received beverage milk and 67% received dinners.

PHYSICAL EDUCATION

'She invariably was first over the fence in the mad pursuit of culture'

George Ade

By Mr. L. Morant, Organiser of Physical Education

"**1. Introduction**

Efforts have continued during the year to improve facilities, increase the supply of appropriate equipment and to help teachers by means of in-service courses and of school visits, to make the best possible use of the provision made.

The opening of the Dr. John Bingham, and Sir Harold Jackson County Primary Schools, and the alterations made at Prince Edward Junior and Infant, Southey Green High, Upperthorpe County Junior and Infant, Western Road Junior and Infant, and Woodhouse West Junior and Infant Schools have all contributed towards an improvement of facilities.

The boundary changes which involved the transfer of twenty primary schools and eight secondary schools from Derbyshire and the West Riding County Council on 1st April last, created problems which are now resolved in the main. Each school was visited as early as possible and action was initiated to secure integration with the minimum of inconvenience.

The greatest difficulty has risen in connection with swimming instruction and this was caused by the fact that, although twenty-two schools were transferred from Derbyshire, only one swimming bath came with them and this was monopolised by one school. Because the Education Committee agreed to pay all necessary transport charges, and many Head Teachers agreed, although reluctantly, to reduce the number of classes attending from their own schools, it was possible to make better arrangements for the incoming primary schools than they had enjoyed before. Unfortunately some of the new secondary school children have never had swimming instruction, and until we have more baths or there is a policy change, this will be a deficiency in a scheme which has always in the past ensured fair distribution of opportunity throughout the City.

2. The work in schools

The process by which physical education in schools has evolved from a system of exercise based on scientific principles to a discipline which aims at making the maximum contribution to the natural physical, mental and moral development of pupils as individuals continues.

In primary schools movement training is correlated with music, drama and art in such a way as to increase the powers of imagination and expression, and through these initiative, independence and self-confidence. In the secondary schools this work continues but many new activities are introduced

with the aim of helping young people to adapt to the changing social structure. It is a responsibility of an educator to assist pupils to make the best possible use of the many opportunities afforded by increased affluence and leisure. For this reason such activities as archery, badminton, camping, canoeing, fell-walking, fencing, golf, judo, rock-climbing, sailing and skating have all been introduced as staffing and other internal school conditions permit.

3. Planning of Facilities

The factors mentioned above, together with the more sophisticated programme in schools, have created the demand for a greater provision of facility of a more varied type such as multi-purpose recreation centres, sports halls, flood-lit all-weather playing areas and swimming baths. The Government recognised this and in Joint Circular No. 49/64 of the Department of Education and Science, encouraged local authorities to initiate consultations with voluntary industrial or commercial organisations so that sports facilities could be planned with the needs of all sections of the community in mind. Dual use of facilities at educational establishments was also advocated but it was pointed out that playing field provision was related closely to the needs of the establishments themselves and that turf will only support a limited amount of use.

This year saw the formation of the Sheffield and District Sports Council and of the Joint Co-ordinating Committee for Recreation, and it is to be hoped that these bodies will have an influence on joint planning by several committees of the City Council, without which Sheffield cannot have the type and number of facilities appropriate to a city of its size and importance.

4. Recreational Activities out of school

Once again the children of Sheffield have been fortunate in the type and amount of activity organised for them by teachers' organisations working quite voluntarily. The Sheffield and District Federation for School Sports (now in its 77th year) organises competitions, rallies and demonstrations in 15 different sports. The Sheffield Schools' Swimming Association has again had a very active year, and the Sheffield Teachers' Folk Dance Club and the Teachers' Dance Circle have again made valuable contributions by organising activities especially for school children.

STATISTICAL INFORMATION

"The hardest thing to hide is something that is not there"

Eric Hoffer.

SUMMARY OF THE WORK OF THE SCHOOL HEALTH SERVICE, 1967

	Children	Attendances
SCHOOL MEDICAL OFFICERS		
Visits to schools 1,983		
Periodic health inspections	13,796	
Selected cases	1,324	
Observation cases and re-inspections ...	10,382	
Special cases	1,788	
Inspection and minor ailments clinics ...	14,474	23,014
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—		
Examination of children in schools	244,115	
Visits to homes	1,838	
Minor dressings at clinics and schools ...	17,744	42,580
OPHTHALMIC CLINIC—		
Examined by surgeon	2,172	2,272
Dressed by school nursing sisters	765	4,017
Orthoptic treatment	701	1,667
AURAL CLINIC—		
Examined by surgeon...	323	378
Dressed by school nursing sisters	1,273	5,021
ORTHOPAEDIC CLINIC—		
Examined by surgeon...	103	118
RHEUMATISM AND HEART CLINIC—		
Examined by paediatrician	71	71
CHIROPODY CLINIC—		
Treated by chiropodist	776	1,623
CHILD GUIDANCE CENTRE	1,250	3,953
SPEECH THERAPY CLINIC	382	6,102
DENTAL CLINICS—		
Inspected at schools	39,160	
Inspected at clinics	3,484	
Treated by school dental surgeons	7,872	20,294
IMMUNISATION AGAINST DIPHTHERIA, ETC—		
At schools and clinics		6,884
TOTAL ATTENDANCE OF CHILDREN AT CLINICS		117,994

PERIODIC HEALTH INSPECTIONS

The number examined at periodic health inspections was :—

Entrants (those born 1961 and later)	8,260
Leavers (those born 1953 and earlier)	5,536
	13,796

1,218 (1,314*) pupils were found to require treatment for various defects (excluding those of nutrition, uncleanliness and dental disease), or 8·83 per cent of those inspected.

4,726 (3,544*) pupils were referred for observation at subsequent periodic health inspections.

*1966 figures

SPECIAL EXAMINATIONS

1,324 children in infant, junior and secondary schools were examined as "selected" cases. 1,310 defects were found, of which 516 required treatment and 794 observation only.

5,656 (4,641*) pupils who had been referred for observation at previous periodic health inspections were re-examined.

*1966 figures

CLEANLINESS (PERIODIC HEALTH INSPECTIONS)

The figures from 1964 and onwards relate to 'entrants' and 'leavers' only. (See page 20 for the results of the cleanliness survey carried out by the school nursing sisters in all schools).

Cleanliness of Head

		Clean	Infected Hair				
		per cent.	per cent.				
Boys ...	1945	97·04	2·96	(Nits	2·81	Lice	·15
	1964	99·43	·57	(,,	·57	,,	—)
	1965	99·15	·85	(,,	·85	,,	—)
	1966	99·14	·86	(,,	·86	,,	—)
	1967	99·10	·90	(,,	·87	,,	·03)
Girls ...	1945	83·24	16·76	(,,	15·83	,,	·93)
	1964	98·24	1·76	(,,	1·75	,,	·01)
	1965	99·69	·31	(,,	·31	,,	—)
	1966	97·87	2·13	(,,	2·13	,,	—)
	1967	98·66	1·34	(,,	1·28	,,	·06)

Cleanliness of Body

		Clean	Dirty	Body Lice
		per cent.	per cent.	per cent.
Boys ...	1945	99·56	·41	·03
	1964	99·89	·11	—
	1965	99·77	·23	—
	1966	99·90	·10	—
	1967	99·93	·07	—
Girls ...	1945	99·65	·30	·05
	1964	99·91	·09	—
	1965	99·88	·12	—
	1966	99·88	·12	—
	1967	99·93	·07	—

GENERAL CONDITION

(This classification, though primarily concerned with physical fitness, also includes poise and general demeanour)

The percentages found at periodic health inspections to be unsatisfactory were, boys ·48%, and girls ·3%. Malnutrition through lack of food is rare. Figures for heights and weights are given in tables on pages 49 to 53.

Only two classifications—satisfactory and unsatisfactory—are considered necessary by the Department of Education and Science. Every case judged unsatisfactory by a medical officer is therefore carefully investigated, with special attention to home conditions.

Eye Defects

Number of children found to have defective vision at periodic health inspections ('entrants' and 'leavers' only):—

	Number examined	Defective vision	
Boys	6,484	517	(7·97%)
Girls	6,281	605	(9·63%)

Visual Acuity

Apart from periodic health inspection, the vision of children aged 7, 9, 11 and 13 is tested by the school nursing sisters (this means that a child's vision is tested every other year as a matter of routine). The school nursing sisters referred 219 (323*) children to the medical officers at the clinics: of these 153 (235*) were found to require examination by the ophthalmologist and 31 (58*) were kept under observation. No treatment was found to be necessary in 19 (21*) cases; the parents of 16 (9*) children elected to have treatment through their general practitioners.

*1966 figures

Ophthalmic Treatment

Summary of Work

	Cases	Attendances
Errors of refraction:—		
Hypermetropia and hypermetropic astigmatism	614	636
Myopia and myopic astigmatism	908	953
Mixed astigmatism	79	83
Anisometropia	90	91
Squint:—		
Strabismus, convergent	118	124
Strabismus, alternating convergent	44	47
Strabismus, divergent	11	11
Strabismus, alternating divergent	8	8
Congenital defects	184	198
Inflammatory conditions	9	13
Injuries	7	8
No apparent defect	100	100
	2,172	2,272
Glasses prescribed, replacements and repeat prescriptions ...		1,778
Referred to orthoptists		247
Treated otherwise		17
Under observation		1,879
Not seen this year		568
New cases seen in 1967		754

ORTHOPTIC TREATMENT

At the beginning of the year, the cases outstanding from 1966 numbered 501 (614*). Of the 247 (132*) children referred during 1967, 200 (122*) became registered patients, the total attendances made by all cases being 1,667 (1,176*). 221 (235*) cases were discharged during the year, leaving 480 (501*) cases still open at the end of the year.

The details of the discharges during the year are as follows:—

After investigation, found to be unsuitable for treatment	13	(9*)
Cured	60	(41*)
Improved	28	(33*)
Cosmetically satisfactory	20	(46*)
Left district or transferred	21	(24*)
Failed to attend	57	(67*)
Treatment refused	6	(—*)
No apparent defect	16	(15*)
	221	(235*)

*1966 figures

SHEFFIELD SCHOOL FOR BLIND CHILDREN

At the end of the year, 66 children were on the registers of the school, their condition being as follows:—

Abiotrophy of retinae	3
Albinism	4
Anophthalmos	1
Buphthalmos	3
Choroido retinitis	3
Congenital cataracts	9
Congenital nystagmus	5
Macular dysplasia	1
Microphthalmos	4
Optic atrophy	12
Retinal aplasia	1
Retinitis pigmentosa	1
Retinoblastoma	7
Retrolental fibroplasia	6
Tay Sachs disease	1
Uveitis	3
	64

PARTIALLY SIGHTED UNITS

It is gratifying to report that both these units continue to work satisfactorily. The defects of the pupils on the registers at 31st December, are summarised below:—

Brook Secondary School:

Albinism	1
Congenital cataracts	2
Congenital nystagmus	3
Corneal nebulae	1
Degeneration of maculae	1
Hypermetropic astigmatism	1
Myopia and uveitis	1
Optic disc anomaly	1
Uveitis	1
	12

Stradbroke County School:

Albinism	1
Congenital cataracts	2
Congenital nystagmus	2
Retrolental fibroplasia	2
	7

EAR, NOSE AND THROAT

The total number of children seen during the year was 323 (332*), of whom 287 (286*) were new cases. The children made 378 (462*) attendances.

*1966 figures

The hospitals have supplied the following figures for operations for tonsils and adenoids:—

Royal Infirmary	547
Royal Hospital	389
Children's Hospital	663
	1,599

The following table gives an analysis of the reasons for attendance at the clinic:—

Tonsils and adenoids	101
Tonsils	21
Adenoids	42
Otitis media	18
Deafness	59
Other conditions	86
Consultation—no treatment advised at present	51
	378

PRE-SCHOOL HEARING ASSESSMENT AND AUDITORY TRAINING CLINIC

New cases referred during the year	131	
Cases under review at beginning of year	18	
		149
Admitted to Maud Maxfield School Nursery following a period of auditory training	12	
Referred to aural surgeon for opinion and treatment	11	
Referred for speech therapy	12	
Currently having auditory training	7	
Hearing found to be satisfactory	89	
Cases still under review at end of year	18	
		149
Cases referred for investigation as 'at risk' of deafness*		37

*An analysis of these showed the following results:—

Familial deafness	22	(2 suspected to be deaf)
Rubella	4	(3 severely deaf)
Prematurity	5	(1 severely deaf and 1 suspected deafness)
Post meningitis	1	(severely deaf)
Rhesus incompatibility	2	(not deaf)
Placental insufficiency	1	(not deaf)
Foetal distress following ante portum haemorrhage	1	(not deaf)
Multiple defects	1	(not deaf)

PARTIALLY HEARING UNIT AT HUNTER'S BAR COUNTY SCHOOL

This unit is working to capacity and there were no admissions or transfers during the year.

PARTIALLY HEARING UNIT, GREYSTONES SECONDARY SCHOOL

Admitted during the year:

From Maud Maxfield School	1
From Abbey Lane Junior School	1
From West Riding Authority	1*

*This child was transferred back to West Riding after a period of months.

The degree of integration at the unit has been considerable, and none of the children has expressed a wish to be transferred back to a school for the deaf.

SPEECH THERAPY

Analysis of Work Carried Out During 1967

Cases open on 1st January, 1967	307
Cases on waiting list 1st January, 1967	39
Cases referred during 1967	184
	530
Cases closed during 1967	116
Cases open on 31st December, 1967	316
Cases on waiting list 31st December, 1967	98
	530

Interviews:

Treatment interviews with children	5,571
Supervision interviews with children	402
Diagnostic interviews with children	129
Interviews with parents	579
Interviews with other members of S.H.S.	298
Visits made by speech therapists to schools, etc.	88

Children Referred for Further Examination

To education psychologist for mental assessment	19
For audiometer test	15
To Child Guidance Centre for opinion and treatment ...	2
For E.N.T. examination	6
For neurological examination	1

Reasons for Closure during 1967

Treatment Cases

		A	B	C
*1.	Good result	—	2	37
2.	Maximum benefit	—	—	14
3.	Left school or district prior to completion of treatment	8	2	9
4.	Non-attendance	—	—	9
5.	Parents' request	—	1	8
6.	Receiving treatment elsewhere	1	—	5
7.	Unsuitable for speech therapy	—	—	5
8.	Attendance not possible	—	—	2
9.	Parent or patient unco-operative	1	—	2

A—stammer; B—stammer+speech defect; C—speech defect.

(*All cases in this category are given a period of supervision prior to closure.)

Observation Cases

Treatment not indicated after supervision	5
Treatment not indicated at preliminary interview ...	3

General

Non-attendance at preliminary interview	1
Removed from waiting list	1
Number of cases	382
Number of attendances	6,102

HEART DISEASES AND RHEUMATISM CLINIC

Condition	New cases	Old cases	Attendances
1. No Rheumatism or Heart Disease			
(*a*) Functional murmurs	41	3	44
(*b*) Physiological arrhythmias ...	—	1	1
(*c*) No cardiac signs	4	—	4
2. Rheumatic Fever			
(*a*) Active with heart affection	—	1	1
(*a*) Active without heart affection	—	1	1
(*b*) Inactive with heart affection	1	3	4
(*b*) Inactive without heart affection	—	7	7
3. Rheumatic Chorea			
Active with heart affection	—	—	—
Active without heart affection	—	1	1
4. Congenital Heart Disease			
Cyanotic operated	—	1	1
Cyanotic not operated	2	5	7
Non-cyanotic operated	—	—	—
Non-cyanotic not operated ...	—	—	—
TOTALS	48	23	71

CHILD GUIDANCE CENTRE

Number of cases registered during 1967

Boys	411	
Girls	208	
	—	619

Analysis of cases dealt with

Cases closed 1967	609	
E.S.N. cases closed	19	
	—	628
Cases open 31st December, 1967	736	
E.S.N. cases open	20	
	—	756
Cases on waiting list 31st December, 1967		77

Reasons for closing cases in 1967

Did not attend		34
Consultation only	243	
,, ,, —E.S.N. cases	19	
	—	262
After supervision		273

Treatment cases:			
Further attendance impossible	11		
Patient unco-operative	1		
Parent unco-operative	4		
Transferred to other treatment	1		
Treatment completed	42		
		59	
		628	

Analysis of cases open at 31st December, 1967

Under treatment		63
Under supervision	521	
Under supervision (E.S.N. cases)	20	
		541
Under investigation		58
Awaiting treatment (investigation complete)		94
		756

Reasons for reference of all cases

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual disorders	Total
Number of children ...	48	39	148	384	619

Nervous disorders comprise such conditions as fears, shyness, depression, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

Sources of reference

	Head teachers	Parent or guardian	School Medical Officer	Speech therapist	Juvenile Court	Private doctor	Hospital	Others	Total
Number of children...	450	42	48	24	13	21	10	11	619

Age on reference

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Number of children ...	3	7	41	58	195	122	49	34	31	29	27	12	7	4	619

Intelligence quotient range of all cases closed during 1967

	70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
Number of children ...	31	96	105	129	97	51	20	13	67	609

SCHOOL NURSING SERVICE—SUMMARY OF WORK

In the Schools—

Attendance with school medical officers at periodic health inspection.		
Examination of children under cleanliness scheme—Boys	70,608	
Girls	74,310	
		144,918
Examination of children for 'following up'		1,672
Examination of children for investigation of outbreak of infectious diseases		152
Examination of children for other purposes		6,557
Attendances for breathing exercises		2,909
Weighing and measuring		59,342
Number of visions tested		28,565
		244,115
Number of children referred to clinics		3,228
Number of visits to schools		13,408

In the Clinics

	Eye Treatment		Ear Treatment		Minor Dressings	
	Cases	Attend-ances	Cases	Attend-ances	Cases	Attend-ances
Attercliffe ...	62	82	266	890	1,198	4,539
Central ...	19	42	59	128	656	1,254
Chaucer ...	34	78	49	269	372	1,425
Greenhill ...	14	14	37	135	295	1,686
Hackenthorpe	2	2	2	4	27	53
Handsworth ...	19	46	35	53	280	1,779
Heeley ...	20	64	38	170	498	1,656
Hillsborough ...	30	63	44	343	410	441
Manor ...	56	121	145	282	1,575	4,877
Nursery ...	27	44	32	63	1,037	1,660
Pitsmoor ...	34	126	73	173	850	1,967
Shiregreen ...	51	104	58	171	1,884	2,268
Southey Green	27	29	27	44	400	590
Special Schools	187	2,958	240	1,572	5,480	11,349
Wisewood ...	44	77	52	227	571	1,895
Woodhouse ...	29	58	42	132	279	937
Wybourn ...	110	109	74	365	1,932	4,204
Totals ...	765	4,017	1,273	5,021	17,744	42,580

In the Homes

Visits for 'following up'	788
Visits for neglect, uncleanliness, etc.	156
Visits for various purposes	894
	1,838

INFECTIOUS DISEASES

Disease	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total 1967	Total 1966
Measles ...	788	238	121	93	1,240	1,190
Whooping Cough	30	28	31	65	154	96
Scarlet Fever ...	41	41	27	30	139	126
Dysentery ...	21	16	20	59	116	34

SHEFFIELD CHILDREN IN OUT-OF-CITY RESIDENTIAL SPECIAL SCHOOLS AND HOMES, DECEMBER, 1967

Condition	Boys	Girls	Total
Blind and partially-sighted	3	4	7
Deaf and partially-hearing	5	4	9
Delicate	7	1	8
Educationally sub-normal	17	5	22
Epileptic	3	2	5
Maladjusted	10	—	10
Physically handicapped	5	2	7
	Total		68

CLINICS

Clinic	No. of Schools	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street ...	All	Full-time	Administrative centre of school health service. Centre for examination of special cases; ophthalmic, orthoptic, ear, nose and throat, orthopaedic, heart and chiropody clinics. Central inspection, minor ailment and immunisation clinics.
Audiology Clinic, Orchard Lane ...	All	Full-time	Diagnosis of degree of deafness and auditory training (young deaf children.)
CHILD GUIDANCE CENTRES:			
9, Newbould Lane	All	Full-time	Child Guidance
Handsworth Clinic, Hall Road	22	Thurs. mornings	
Catchbar Lane	25	Fridays all day	
SPEECH THERAPY CLINICS:			
Catchbar Lane	All	Full-time	Speech Therapy
Attercliffe Clinic, Vicarage Road ...	24	Tuesday mornings and Thursday afternoons	
Greenhill Clinic, Greenhill County School	11	Wednesday mornings	
Manor Clinic, Prince Edward County School	57	Mon. and Thurs. mornings	
Manor Welfare Centre, Ridgeway Rd.		Tuesday afternoons	
9, Newbould Lane	44	Friday afternoons	
DISTRICT MEDICAL CLINICS:			
Attercliffe Clinic, Vicarage Road ...	16	Mon., Wed. and Fri. afternoons	Inspection, minor ailment and immunisation clinics
Central Clinic, 7, Leopold Street—District E	18	Wed. and Sat. mornings	
District F	25	Mon. and Thurs. afternoons and Sat. mornings	
Chaucer Clinic, Chaucer Comprehensive School	6	Wed. and Fri. mornings	
Frecheville Clinic, Fox Lane... ...	9	Wed. mornings	
Greenhill Clinic, Greenhill County School	8	Tuesday mornings	
Hackenthorpe Clinic, Main Street ...	11	Fri. mornings	
Handsworth Clinic, Hall Road, Handsworth	10	Wed. mornings	
Heeley Clinic, Lowfield County School	37	Mon., Tues. and Fri. afternoons	
Hillsborough Clinic, Broughton Road	15	Mon. and Thurs. afternoons	
Manor Clinic, Prince Edward County School	32	Mon., Tues., Wed. and Thurs. afternoons	
Pitsmoor Clinic, Ellesmere Road County School	20	Mon., Tues. and Thurs. afternoons	
Shiregreen Clinic, Shiregreen County School	16	Mon. mornings and Wed. afternoons	
Southey Green Clinic, Southey Green High School	5	Thurs. afternoons	
Wisewood Clinic, Wisewood County School	8	Wed. and Fri. afternoons	
Woodhouse Clinic, Chapel Street ...	7	Wed. and Fri. afternoons	
Wybourn Clinic, Wybourn County School	5	Mon., Wed. and Thurs. mornings	

Clinic	No. of Schools	Times of Attendance	Work undertaken
DENTAL CLINICS:			
Central Clinic, 7, Leopold Street ...	81	Varies	Comprehensive, routine and casual treatment, special dental cases, and M. & C. W. dental treatment.
Heeley Clinic, Lowfield County School	32	,,	Routine and casual dental treatment, and M. & C. W. dental treatment
Frecheville, Welfare Centre, Fox Lane	13	,,	
Hackenthorpe, Welfare Centre, Main Street ...	10	,,	
Rowlinson Clinic, Rowlinson Technical School	12	,,	
Attercliffe Clinic, Vicarage Road ...	19	,,	
Owler Lane Clinic, Owler Lane County School	17	,,	
Hatfield Clinic, Hatfield Comprehensive School	18	,,	
Manor Clinic, Prince Edward County School	46	,,	
Wheata Place, Welfare Centre	17	,,	

ATTENDENCES AT CLINICS

	Atter-cliffe	Pitsmoor	Hills-boro'	Heeley	Central (E)	Central (F)	Green-hill	Hands-worth	Wood-house	Shire-green	Chaucer	Hacken-thorpe	Manor	Wise-wood	Southey Green	Freche-ville	Wybourn	Special	Total
Inspection and Minor Ailments Clinics—																			
Cases	2,073	1,397	394	1,151	756	965	516	481	363	778	921	113	1,921	1,140	262	54	1,189	—	14,474
Attendances	3,248	1,894	650	2,345	911	1,296	995	799	733	1,206	1,459	149	3,395	1,395	384	61	2,094	—	23,014
Dressings by School Nursing Sisters—																			
Eye cases	82	126	63	64	42		14	46	58	104	78	2	121	77	29	—	109	3,002	4,017
Ear cases	890	173	343	170	128		135	53	132	171	269	4	282	227	44	—	365	1,635	5,021
Minor	4,539	1,967	441	1,656	1,254		1,686	1,779	937	2,268	1,425	53	4,877	1,895	590	—	4,204	13,009	42,580
Treatment Clinics																			
Ophthalmic	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	2,272	2,272
Orthoptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,667	1,667
Aural	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	378	378
Orthopaedic	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	118	118
Rheumatism & Heart	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	71	71
Chiropody	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	1,623	1,623
Dental (Central and Branch) ...	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	20,294	20,294
Diphtheria Immunisation ...	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	6,884	6,884
Child Guidance Centres	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	3,953	3,953
Speech Therapy Clinics	—	—	—	—	—		—	—	—	—	—	—	—	—	—	—	—	6,102	6,102
Totals	8,759	4,160	1,497	4,235	3,631		2,830	2,677	1,860	3,749	3,231	208	8,675	3,594	1,047	61	6,772	61,008	117,994

HEIGHTS

AVERAGES, SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Inches	1938 Inches	1945 Inches	1966 Inches	1967 Inches	Number Examined 1967	Age	1920 Inches	1938 Inches	1945 Inches	1966 Inches	1967 Inches	Number Examined 1967
5	40·50	42·44	42·93	43·17	43·25	3,214	5	40·75	42·13	42·64	42·85	42·92	3,092
6	42·75	44·75	44·77	45·66	45·57	3,209	6	42·45	44·24	44·63	45·35	45·29	3,036
7	44·40	47·09	46·98	48·03	47·95	2,995	7	44·05	46·77	46·59	47·74	47·68	2,886
8	46·90	49·21	49·84	50·26	50·24	3,067	8	46·90	48·86	48·85	49·84	49·77	2,994
9	48·45	50·47	50·38	52·31	52·25	2.999	9	47·95	50·39	51·22	51·89	51·88	2,840
10	49·80	52·28	54·31	54·29	54·26	2,933	10	50·25	52·13	54·38	54·10	54·10	2,725
11	53·55	53·98	54·91	56·11	56·11	2,543	11	51·10	55·28	55·62	56·44	56·35	2,425
12	54·05	56·42	56·44	58·25	58·26	2,100	12	54·50	57·52	57·96	58·94	58·83	2,023
13	55·70	57·91	59·10	60·50	60·73	2,169	13	56·05	58·90	60·02	60·65	60·79	2,172
14	56·45	59·80	60·38	63·46	63·14	1,889	14	57·00	60·75	60·90	62·04	61·94	1,878
15	—	—	—	65·59	65·57	1,017	15	—	—	—	62·66	62·68	1,178
16	—	—	—	67·61	66·89	264	16	—	—	—	63·68	63·34	286

WEIGHTS

AVERAGES, SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

BOYS							GIRLS						
Age	1920 Pounds	1938 Pounds	1945 Pounds	1966 Pounds	1967 Pounds	Number Examined 1967	Age	1920 Pounds	1938 Pounds	1945 Pounds	1966 Pounds	1967 Pounds	Number Examined 1967
5	38·60	41·49	41·58	43·41	43·96	3,214	5	38·90	39·93	40·18	42·48	42·73	3,092
6	42·20	45·72	44·95	48·35	48·44	3,209	6	40·45	43·87	43·71	47·62	47·69	3,036
7	45·10	51·10	49·77	54·39	54·14	2,995	7	42·10	49·21	47·62	53·40	53·40	2,886
8	50·15	56·17	57·12	60·67	60·56	3,067	8	49·05	54·17	54·41	59·66	59·77	2,994
9	52·25	60·00	61·73	67·44	67·13	2,999	9	52·20	58·00	59·12	66·76	66·36	2,840
10	57·70	64·29	74·52	74·52	74·25	2,933	10	53·40	63·80	67·61	74·65	74·60	2,725
11	68·20	70·86	73·49	81·44	81·50	2,543	11	61·75	75·44	77·48	83·91	83·71	2,425
12	70·40	80·14	79·35	89·95	89·77	2,100	12	71·05	83·47	85·85	95·08	95·19	2,023
13	73·75	85·61	90·07	99·34	100·44	2,169	13	77·35	89·66	96·04	105·64	105·71	2,172
14	79·55	94·14	95·16	114·35	111·55	1,889	14	78·95	100·50	99·65	114·62	114·68	1,878
15	—	—	—	125·40	124·76	1,017	15	—	—	—	119·95	119·60	1,178
16	—	—	—	141·14	135·36	264	16	—	—	—	127·27	123·30	286

COMPARATIVE FIGURES FOR AVERAGE HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

Age	BOYS								GIRLS							
	All Schools		Good District Schools		Medium District Schools		Poor District Schools		All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches
5	3,214	43·25	1,090	43·76	1,587	43·06	537	42·78	3,092	42·92	1,080	43·42	1,479	42·71	533	42·46
6	3,209	45·57	1,138	46·00	1,580	45·40	491	45·09	3,036	45·29	1,040	45·70	1,488	45·23	508	44·64
7	2,995	47·95	1,064	48·35	1,466	47·87	465	47·32	2,886	47·68	1,034	48·07	1,372	47·52	480	47·29
8	3,067	50·24	1,081	50·83	1,443	50·07	543	49·54	2,994	49·77	1,000	50·18	1,505	49·64	489	49·31
9	2,999	52·25	1,039	52·59	1,505	52·15	455	51·83	2,840	51·88	1,013	52·30	1,369	51·71	458	51·49
10	2,933	54·26	1,047	54·64	1,404	54·18	482	53·67	2,725	54·10	840	54·57	1,408	53·99	477	53·59
11	2,543	56·11	774	56·49	1,286	55·98	483	55·87	2,425	56·35	737	56·76	1,270	56·24	418	55·97
12	2,100	58·26	573	58·71	1,097	58·06	430	58·20	2,023	58·83	528	59·11	1,082	58·87	413	58·36
13	2,169	60·73	562	61·24	1,189	60·63	418	60·32	2,172	60·79	528	61·08	1,237	60·62	407	60·93
14	1,889	63·14	473	63·58	1,023	63·05	393	62·84	1,878	61·94	429	62·23	1,035	61·94	414	61·61
15	1,017	65·57	279	65·99	477	65·44	261	65·35	1,178	62·68	351	63·04	505	62·59	322	62·44
16	264	66·89	94	67·90	96	67·70	71	67·26	286	63·34	100	63·49	98	62·85	88	63·72

WEIGHTS, 1967

COMPARATIVE FIGURES FOR AVERAGE WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

Age	BOYS								Age	GIRLS							
	All Schools		Good District Schools		Medium District Schools		Poor District Schools			All Schools		Good District Schools		Medium District Schools		Poor District Schools	
	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds		No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds	No. Exd.	Pounds
5	3,214	43·96	1,090	44·91	1,587	43·52	537	43·36	5	3,092	42·73	1,080	43·74	1,479	42·26	533	42·00
6	3,209	48·44	1,138	49·32	1,580	48·08	491	47·55	6	3,036	47·69	1,040	48·41	1,488	47·62	508	46·45
7	2,995	54·14	1,064	55·09	1,466	53·90	465	52·76	7	2,886	53·40	1,034	54·12	1,372	53·15	480	52·47
8	3,067	60·56	1,081	62·30	1,443	59·90	543	58·84	8	2,994	59·77	1,000	60·71	1,505	59·39	489	59·02
9	2,999	67·13	1.039	67·99	1,505	66·82	455	66·23	9	2,840	66·36	1,013	67·50	1,369	65·85	458	65·32
10	2,933	74·25	1,047	75·82	1,404	73·83	485	71·61	10	2,725	74·60	840	76·10	1,408	74·38	477	72·62
11	2,543	81·50	774	83·31	1,286	80·89	483	80·25	11	2,425	83·71	737	86·09	1,270	82·61	418	82·85
12	2,100	89·77	573	91·84	1,097	89·13	430	88·69	12	2,023	95·19	528	96·05	1,082	95·88	413	92·31
13	2,169	100·44	562	103·70	1,189	100·07	418	97·09	13	2,172	105·71	528	106·99	1,237	105·07	407	106·00
14	1,889	111·55	473	113·27	1,023	111·82	393	108·82	14	1,878	114·68	429	115·92	1,035	114·46	414	113·96
15	1,017	124·76	279	127·01	477	125·99	261	120·08	15	1,178	119·60	351	121·16	505	119·82	322	117·53
16	264	135·36	94	141·69	96	137·04	71	130·42	16	286	123·30	100	124·43	98	120·42	88	125·22

AVERAGE HEIGHTS

Boys					Girls				
Age	1957 Inches	1966 Inches	1967 Inches	Number examined 1967	Age	1957 Inches	1966 Inches	1967 Inches	Number examined 1967
2	35·78	37·53	35·98	9	2	35·13	35·93	36·53	14
3	37·94	38·53	38·75	219	3	37·46	38·04	38·25	208
4	40·00	40·62	40·52	33	4	39·52	40·23	40·32	265

AVERAGE WEIGHTS

Boys					Girls				
Age	1957 Pounds	1966 Pounds	1967 Pounds	Number examined 1967	Age	1957 Pounds	1966 Pounds	1967 Pounds	Number examined 1967
2	30·71	34·69	28·67	9	2	29·38	31·64	30·43	14
3	34·85	35·15	35·40	219	3	33·88	33·66	34·45	208
4	38·47	38·08	38·91	33	4	36·86	37·80	38·47	265

MEDICAL INSPECTION AND TREATMENT RETURNS

YEAR ENDED 31ST DECEMBER 1967

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1968·—84.102

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		Number	Number			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1963 and later	608	605	3	6	35	35
1962	3,799	3,783	16	65	260	281
1961	3,853	3,830	23	110	282	375
1953	1,485	1,480	5	63	136	180
1952 and earlier... ...	4,051	4,044	7	113	286	347
TOTAL ...	13,796	13,742*	54†	357	999	1,218

*Total Satisfactory—99·61% †Total Unsatisfactory—·39%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	20,255
Number of Re-inspections	14,366
TOTAL	34,621

TABLE C—INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	144,918
(ii)	Total number of individual pupils found to be infested	1,649
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	5,101
(iv)	Total number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

SCREENING TESTS OF VISION AND HEARING

1.	Is the vision of the entrants tested as a routine within their first year of entry?	Yes
2.	How frequently is vision testing repeated throughout a child's school life?	Every other year
3.	(*a*) Is colour vision testing undertaken?	Yes
	(*b*) If so, at what age?	11 years
	(*c*) Are both boys and girls tested?	Yes
4.	By whom is vision and colour testing carried out?	School nursing sisters; doubtful cases are referred to school medical officers
5.	(*a*) Is routine audiometric testing of entrants carried out within their first year at school	No
	(*b*) If not, how soon after entry is this done?	At 6 years of age
6.	By whom is audiometric testing carried out?	School nursing sisters

PART II.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect or Disease	Periodic Inspections						Special Inspections	
	Entrants		Leavers		Total			
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	90	289	176	81	266	370	4,814	104
Eyes—(*a*) Vision	181	939	176	349	357	1,288	695	174
(*b*) Squint	56	207	10	23	66	230	23	21
(*c*) Other	15	37	8	23	23	60	704	54
Ears—(*a*) Hearing	102	133	25	21	127	154	275	49
(*b*) Otitis Media ...	15	113	11	19	26	132	79	17
(*c*) Other	40	161	22	31	62	192	863	75
Nose and Throat	104	1,045	26	91	130	1,136	861	150
Speech	47	342	4	14	51	356	132	33
Lymphatic Glands	1	333	1	28	2	361	4	25
Heart	40	260	12	45	52	305	33	38
Lungs	6	308	6	51	12	359	66	60
Developmental—								
(*a*) Hernia	4	40	2	4	6	44	2	8
(*b*) Other	10	332	17	44	27	376	36	61
Orthopaedic—								
(*a*) Posture	5	46	6	28	11	74	4	9
(*b*) Feet	4	162	14	64	18	226	15	20
(*c*) Other	16	223	40	34	56	257	499	27
Nervous System—								
(*a*) Epilepsy	1	35	4	15	5	50	4	9
(*b*) Other	—	54	3	12	3	66	67	19
Psychological—								
(*a*) Development ...	9	53	3	8	12	61	94	31
(*b*) Stability	6	576	7	35	13	611	133	93
Abdomen	1	36	3	7	4	43	143	21
Other	5	81	22	40	27	121	3,501	167

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	577
Errors of refraction (including squint)	1,976
TOTAL	2,553
Number of pupils for whom spectacles were prescribed ...	1,778

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:—	
(*a*) for diseases of the ear	12
(*b*) for adenoids and chronic tonsillitis	1,604
(*c*) for other nose and throat conditions	7
Received other forms of treatment	1,786
TOTAL	3,409

Total number of pupils in school at 31st December known to have been provided with hearing aids:—	
(*a*) in 1967	6
(*b*) in previous years	45

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patients departments...	448
(*b*) Pupils treated at school for postural defects	—
TOTAL	449

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C, Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	1
(*b*) Body	3
Scabies	117
Impetigo	33
Other Skin Diseases	4,613
TOTAL	4,767

TABLE E—CHILD GUIDANCE TREATMENT

Number of pupils known to have been treated at Child Guidance Centres	1,250

TABLE F—SPEECH THERAPY

Number of pupils known to have been treated by Speech Therapists	382

TABLE G—OTHER TREATMENT GIVEN

		Number of cases known to have been dealt with
(*a*)	Pupils with minor ailments	3,942
(*b*)	Pupils who received convalescent treatment under School Health Service arrangements	178
(*c*)	Pupils who received B.C.G. Vaccination	3,760
(*d*)	Other than (*a*), (*b*) and (*c*) above—	
	Chiropody	776
	Heart	7
	Orthoptic	701
	TOTAL (*a*) — (*d*)	9,364

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
A. *Attendances & Treatment*				
First Visit	3,831	3,422	619	7,872
Subsequent visits	4,500	6,632	1,290	12,422
Total visits	8,331	10,054	1,909	20,294
Additional courses of treatment commenced	452	564	105	1,121
Fillings in permanent teeth	3,384	7,858	1,551	12,793
Fillings in deciduous teeth	3,228	286	—	3,514
Deciduous teeth filled	3,002	257	—	3,259
Permanent teeth filled	2,644	6,456	1,366	10,466
Permanent teeth extracted	414	1,668	264	2,346
Deciduous teeth extracted	5,591	1,337	—	6,928
General anaesthetics	2,311	1,206	104	3,621
Emergencies	762	364	35	1,161

Number of pupils X-rayed	265
Prophylaxis	2,852
Teeth otherwise conserved	133
Number of teeth root filled	26
Inlays	12
Crowns	43
Courses of treatment completed	7,243

B. *Orthodontics*	
Cases remaining from previous year	62
New cases commenced during year	90
Cases completed during year	67
Cases discontinued during year	14
No. of removable appliances fitted	182
No. of fixed appliances fitted	19
Pupils referred to hospital consultant	15

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
C. *Prosthetics*				
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	2	21	10	33
Number of dentures supplied	2	27	15	44

D. *Anaesthetics*	
General anaesthetics administered by dental officers	1,698

E. *Inspections*	
(*a*) First inspection at school. Number of pupils	39,160
(*b*) First inspection at clinic. Number of pupils	3,484
Number of (*a*) + (*b*) found to require treatment	23,389
Number of (*a*) + (*b*) offered treatment	18,021
(*c*) Pupils re-inspected at school or clinic	1,768
Number of (*c*) found to require treatment	1,106

F. *Sessions*	
Sessions devoted to treatment	3,784
Sessions devoted to inspection	256
Sessions devoted to dental health education	91

HANDICAPPED PUPILS

During the calendar year 1967:— Number of handicapped pupils who were:—	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Newly assessed as needing special educational treatment at Special Schools or in Boarding Homes (other than Hospital Special Schools) ...	2	—	10	—	19	56	4	94	—	—	185
B. (i) Number of these newly placed	1	—	10	—	15	54	1	55	—	—	136
(ii) Placed during the year but assessed prior to 1-1-67 ...	—	—	—	1	3	9	—	1	—	—	14

On 18th January, 1968:— Number of handicapped pupils who were:—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		TOTAL (1)—(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Requiring places in Special Schools											
(i) TOTAL:—											
(*a*) Day	—	—	—	—	4	—	—	25	—	—	29
(*b*) Boarding	1	—	—	—	—	—	1	1	—	—	6
Number of pupils included in these totals:—											
(ii) Who had not reached the age of 5 and were awaiting:—											
(*a*) Day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding places	1	—	—	—	—	—	—	—	—	—	1
(iii) Who had reached the age of 5 but whose parents had not consented to their admission to a Special School and awaiting:—											
(*a*) Day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding places	—	—	—	—	—	—	—	—	—	—	—
(iv) Who had been awaiting admission for more than one year	—	—	—	—	—	—	1	1	—	—	2

HANDICAPPED PUPILS (*continued*)

On 18th January, 1968:— Number of handicapped pupils who were:—	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) Educationally Sub-normal		(9) Epileptic (10) Speech Defects		...Total (1-10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. (i) On the registers of:—											
(1) Maintained Special Schools as:—											
(*a*) Day pupils	—	2	29	6	114	140	69	555	3	3	921
(*b*) Boarding pupils ...	8	1	8	3	3	23	6	11	3	—	66
(2) Non-Maintained Special Schools as:—											
(*a*) Day pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding pupils ...	6	—	5	—	6	—	7	11	4	—	39
(ii) On the registers of Independent Schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—	—
(iii) Boarded in Homes and not already included under (i) or (ii) above	—	—	—	—	2	6	2	—	—	—	10
(iv) Special Units	—	16	—	24	—	—	—	—	—	—	40
E. Being educated under arrangements made under Section 56 of the Education Act, 1944:—											
(i) In Northern General Hospital ...	—	—	—	—	43	—	—	—	—	—	43
(ii) In other groups	—	—	—	—	—	—	—	—	—	—	—
(iii) At Home	—	—	—	—	7	—	—	—	—	—	7
Total awaiting places or receiving special education	*15*	*19*	*42*	*33*	*179*	*169*	*88*	*603*	*10*	*3*	*1,161*

G. During the *calendar year* ended 31st December, 1967:—

(*i*) Number of children subject of new decisions recorded under Section 57 of the Education Act, 1944 19

(*ii*) Number of reviews carried out under Section 57A of the Education Act, 1944 4

(*iii*) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944 ... ... —

COST OF THE SCHOOL HEALTH SERVICE, YEAR ENDED 31ST MARCH, 1967

Section	Gross Expenditure	Income	Net Expenditure	Cost in terms of a Penny Rate: Gross Expenditure	Cost in terms of a Penny Rate: Net Expenditure
	£	£	£	d.	d.
Medical Inspection and Treatment	175,820	3,976	171,844	1·98	1·94
Special Schools	515,246	173,207	342,039	5·81	3·86
Totals ...	691,066	177,183	513,883	7·79	5·80

CITY OF SHEFFIELD, GENERAL INFORMATION

Population (as estimated mid-1967)	534,100
Area	45,363 acres
Density of population	11·78 persons per acre
Rateable Value at 31st March, 1967	£21,426,607
Rate levied for Education, year ended 31st March, 1967 ...	134d.
Penny Rate Product, year ended 31st March, 1967	£88,655
Primary and Secondary Schools (including Nursery Schools)—	
Number of schools	250
Number on rolls	82,758
Special Schools—	
Number of schools	16
Number on rolls	1,344

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